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Final Report

XIX Meeting of the CICAD Demand Reduction Expert Group
July 24-25, 2018, Santiago de Chile, Chile



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FINAL REPORT

1. Opening Remarks

Angela Crowdy, Assistant Executive Secretary, in charge of the Demand Reduction Unit, Executive Secretariat of CICAD/OAS

Ms. Crowdy greeted the participants, welcomed the delegations that were present, and expressed thanks for the support received from Chile for a successful meeting. She also emphasized that the objective of the meeting was to provide a forum for reflection regarding the review and analysis of the development of public health policies with emphasis on demand reduction, as well as to address aspects of demand reduction and recommendations on the topics of trauma in the treatment of problematic drug use; selective and indicated prevention with adolescents; and evaluation of therapeutic results through treatment indicators, among other relevant themes. She apologized for being unable to participate in person, and thanked Chile for the opportunity to address participants.

Jimena Kalawski, National Director (Ag.) of the National Service for the Prevention and Rehabilitation of Drug Use (SENDA) and Chair of the Demand Reduction Expert Group.

Ms. Kalawski welcomed the delegates and participants and expressed her agreement with all the work the Expert Group chair has been doing to present the region's needs and challenges on the subject of demand reduction.

The representatives of the Ministry of Foreign Affairs and the Ministry of the Interior welcomed the invitation to open the event and expressed Chile's commitment to continuing to work with the countries and international organizations to address the region's challenges and needs in these areas.

2. Review of the Agenda, objectives of the meeting, and follow-up of the work plan to be carried out by the Expert Group

Alfonso Abarca, Specialist, Executive Secretariat of CICAD/OAS

Mr. Abarca presented the Agenda, the objectives and scope of the meeting, and Mrs. Kalawski then proceeded to report on the work plan to be carried out by the Expert Group, emphasizing progress made on the development of the three products being advanced within the framework of this group. Mrs. Kalawski also reiterated the Chair's interest in

continuing to rely on the support of all OAS member states for the preparation, review, and analysis of the recommendations proposed.

3. Preliminary Review of the data from the next report on drug use in the Americas

Presenter: Pernell Clarke, Specialist, Inter-American Observatory on Drugs (OID) - CICAD/OAS

Mr. Clarke presented the preliminary review of data forthcoming Report on Drug use in the Americas- 2018 prepared by the OID. He explained the data collection methods and system, emphasizing the main patterns to be considered in establishing strategies for setting public policies, which should be implemented to address problems arising from the use of psychoactive substances. He then provided a very detailed analysis of the prevalence of the use of alcohol, tobacco, marijuana, inhalants, cocaine, crack, base paste, amphetamines, pharmaceuticals without a prescription, and LSD among the general population, particular secondary school students. He also analyzed the subject by age group, gender, country, and sub-region. Finally, he presented a general summary of drug use trends in the Hemisphere, highlighting the declining use of alcohol and tobacco in comparison with the increased use of marijuana, heroin, synthetic opioids, and new psychoactive substances (NPS), particularly among secondary school youth.

Comments:

Honduras: It has been a great challenge for the country to collect the information for the OID, and work is being done to improve its quality. The country is currently carrying out a prevalence study and is requesting the collaboration of the OID to carry it out.

COPOLAD: given that there are high suicide rates in the region, it is necessary to collect data on prevalence for cases of post-traumatic stress.

Chile: The document elaborated by the OID will provide valuable information to the Expert Group in the elaboration of the document in the field of trauma.

Brazil: indicated its interest to support undertakings related to the early warning system.

Barbados: The information provided by the OID is very important to public policy makers allowing them to focus on the needs for care. They also thanked COPOLAD for its support with the early warning system and asked countries that have developed these tools, such as Colombia and Argentina, to share them with Barbados.

Colombia: This report presents a detailed panorama of the situation of drug use in the countries of the Hemisphere, and allows observing how the different sub-regions behave within the continent, as well as the main trends at a general level for specific population

groups. It acknowledges the role of the Inter-American Observatory on Drugs in the consolidation of national surveys on drug use by the general population, universities, and schools carried out by the Observatory of Drugs of Colombia (ODC). All the studies have received technical assistance of CICAD/OAS. Currently the ODC is leading the development of two new studies that allow to update the characterization in prioritized groups. These new studies are: a. The III Andean Epidemiological Study on Drug Use in the University Population of Colombia 2016, and b. The National Study of Psychoactive Substance Use in the School Population of - Colombia 2016.

4. Multilateral Evaluation Mechanism(MEM): results and perspectives on work in the area of demand reduction

Presenter: Álvaro Ahumada, General Coordinator of MEM's Governmental Expert Group GEG/MEM, and Roberto Canay, Coordinator of the Subgroup of the Demand Reduction GEG/MEM

The presenters reported to the delegates on the background, evolution, and characteristics of the MEM, as well as proposed objectives and important stakeholders participating in the development of the work of the MEM in the Hemisphere. Finally, they reported on progress made on the work of the seventh round being developed within the framework of the Hemispheric Plan of Action on Drugs 2016-2020, on the subject of demand reduction.

Comments:

Argentina: thanked the work done by the Intergovernmental Working Group (GTI) with governmental experts, which has been very valuable for the follow-up of the countries.

Uruguay: The MEM is a great achievement for the region; with this instrument we can compare, value, and know each country. It is very important to formalize this information to learn the challenges that exist in the region.

Colombia: One of the main contributions of the MEM is the possibility of identifying gaps or limitations in the fulfillment of the Hemispheric Plan, which translate into recommendations that guide the internal actions of the countries. The recommendations of the MEM are incorporated as priorities in the policies, plans and projects allowing the advancement of the proposed objectives at hemispheric level.

5. Progress on the 2016 UNGASS Agreements on Demand Reduction

Presenter: Anja Busse, Prevention, Treatment and Rehabilitation Officer, United Nations Office on Drugs and Crime (UNODC)

Ms. Busse outlined the working framework and the overall vision of UNODC in effectively countering the global drug problem. The five aspects framing her presentation were: 1- The international policy framework that includes UNGASS; 2- Operational recommendations on demand reduction arising from UNGASS 2016; 3- The post-UNGASS process; 4- The UNODC World Drug Report 2018. In concluding, she noted that the quality and coverage of healthcare services continues to be a challenge, although the science, tools, and the political framework are already there for making progress in addressing the global drug problem. There is now an historic opportunity to fill in the healthcare gaps to address the problems caused by substance abuse with a new social cohesion, with a recovery perspective guided by science and evidence. Finally, Mrs. Busse reiterated that the UNODC continues to collaborate closely with its partners to help countries apply the recommendations from the UNGASS document, in accordance with international conventions on drug control, human rights, and the 2030 Agenda for Sustainable Development.

Comments:

Canada: When addressing the drug use problem, it is very important to consider its causes. Canada was asked to share the material developed by them on cannabis and schizophrenia. The Canadian delegate said that she will share this request with her colleagues.

Chile: Highlights the importance of expanding the in the supply of prevention and treatment services including minority groups such as indigenous communities.

Colombia: In compliance with the commitments agreed in UNGASS, the Government of Colombia is committed to strengthening public health and human rights approaches as outlined in their National Plan for the Promotion of Health, Prevention and Treatment of Drug Use 2014-2021. These approaches are implemented through multiple actions: a. The guarantee of the right to health by drug users, which is included in the General System of Social Security in Health; b. The promotion of actions based on evidence through the establishment of standards of habilitation and technical guidelines; c. The implementation of harm reduction programs; and d. The implementation of alternative measures to criminal treatment for drug-related crimes in adolescents through the Judicial Follow-up Program for the Treatment of Psychoactive Substance Use.

6. Problematic substance use prevention and treatment in Canada: an overview

Presenter: Saskia Vanderloo, Health Canada

Ms. Vanderloo presented an overview of the federal government's public health approach to the use of drugs and substances in Canada. She described the context in which the prevention and treatment approach is implemented at all levels (federal, provincial and municipal). She noted the importance of considering civil society as an essential partner in these processes. She also presented substance abuse in Canada, emphasizing the prevalence of alcohol, cannabis, tobacco, opioid analgesics, electronic cigarettes, and psychoactive pharmaceuticals. She emphasized that in Canada the use of problematic substances continues to be an important public health and safety problem, insisting that the opioid crisis underscores the importance of a comprehensive, collaborative, and compassionate drug strategy. Due to this crisis, in 2016 the Canadian Government announced the new Canadian Strategy on Drugs and Substances, which reflects the change toward a public health approach based on a solid base of evidence with emphasis on harm reduction and stigma reduction. In addition to this strategy, in 2017 the Controlled Drugs and Substances Act was amended and the Good Samaritan Drug Overdose Act took effect. This law provides some legal protection for individuals who seek emergency help during an overdose. She also described how prevention and treatment are addressed at the different provincial and territorial levels. Finally, she presented the work Canada has been doing on other related factors that affect and promote the use of substances, such as stigma, for which it proposed the 2018 Resolution of the Narcotics and Drugs Commission, which was adopted by consensus. She also noted the importance of considerations based on sex and gender; on this aspect, Health Canada is working to increase its ability to analyze these issues through its Sex and Gender Action Plan 2017-2020. On the subject of innovation, it is expanding the substance abuse and addictions program to finance innovative treatment and prevention approaches through the Innovative Solutions Fund of Canada.

7. Environmental Prevention

Presenter: Gregor Burkhart, Senior Scientific Analyst - Prevention
European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)

Mr. Burkhart gave an update on progress made in prevention strategies, with a special in-depth look at environmental prevention strategies. He analyzed preventive strategies targeting adolescents and their neurobiological development.

He also emphasized those strategies where there is no evidence of their results and stressed the need to move forward on preventive structures.

Comments:

Colombia: was interested in learning about these new approaches that contribute to drug use prevention. Consequently, Colombia recommends that the CICAD should include this topic as a learning or exchange of experiences line of work, to help countries strengthen their theoretical and practical frameworks to address drug use more effectively.

8. Universal access to quality treatment for people with problematic substance use

Presenter: Luis Alfonzo, Regional Advisor on Substance Abuse, Pan American Health Organization (PAHO)

Mr. Alfonzo began his presentation emphasizing the growing and significant recognition of the drug problem as a public health problem as well as the limited access to healthcare services or the precarious supply of quality services available for the treatment of problematic drug users. He explained the main problems related to access to services that, together with inequity and poverty, contribute to the fragmentation of services. He detailed the causes of fragmentation and how it relates to users. He then emphasized the scope of what is considered the right to health in the context of Universal Health Coverage: Everyone, Everywhere. He explained the scope of universal coverage and access to health and measures being used to achieve it in the region. He then focused on the subject of the equitable and comprehensive Integrated Health Services Networks for a defined population. He described how these networks operate, primarily in terms of shared ownership, the importance of strategic partnerships, complementary services, and shared services for the success of these networks. He also stressed the benefits and characteristics of the networks and finally presented the lessons learned that have been provided so far on these subjects.

Comments:

Colombia: their government has normative and technical instruments to guarantee compliance with the fundamental right to health in terms of caring for people with problematic drug use within the framework of the General System of Social Security in Health. In Colombia drug dependence is understood as a chronic disease, which must be treated like any other chronic health condition.

9. Essential criteria for the opening and operation of treatment centers, joint work among CICAD-PAHO-COPOLAD

Presenters: Jose Luis Vazquez, Specialist, Executive Secretariat of CICAD/OAS and Olga Toro, Coordinator of the validation and implementation of the pilot on quality standards based on evidence of COPOLAD.

An overview was presented on how this joint project was developed and on its results to date. Both CICAD and COPOLAD prepared specific institutional publications that are used as a reference for implementing continuous quality improvement processes. Depending on their level of development, various Latin America countries are involved in pilot initiatives based on the essential, basic, or advanced criteria, which will culminate in November. The preliminary results show that the criteria are useful and their adoption in quality systems is very feasible. It is anticipated that future implementation in the countries will be of great benefit in strengthening treatment systems and services for individuals with problems due to the use of alcohol, tobacco, and other drugs.

Comments:

Honduras: This process has been very enriching and it is expected that the pilot will be very successful in implementing the quality standards at the national level to improve service.

Trinidad and Tobago: is carrying out the pilot in the region and they are very attentive to continue with this process.

El Salvador: It has been a positive experience. However, there is resistance to the minimum standards by the treatment centers.

Argentina: It was a successful process. 90% of the treatment centers already have certificates. This process was achieved through a dialogue with the participation of the government and representatives of the treatment centers. The government financed 75% of the resources for structural changes in the centers.

Colombia: Currently Colombia has criteria for registration in the special register of providers of Drug Addiction Centers -CAD- and Drug Dependence Services. The country has also worked with the support of UNODC in the development of the Comprehensive Care Model for Disorders for the Use of Psychoactive Substances – MAITUS¹. Colombia is also working in the process of validation and piloting of quality standards in Prevention and Treatment of drug use that were prepared in the first phase of COPOLAD.

¹ By its acronym in Spanish

10. Products developed under Brazil's chairmanship of the CICAD Demand Reduction Expert Group

Presenter: Adriana Montana, Consultant, Executive Secretariat of CICAD/OAS

Ms. Montana gave a presentation to inform the participants about the products developed within the Expert Group framework under Brazil's chairmanship. These are already available for consultation on the CICAD website: "*Guide for the Implementation and Standardization of Screening and Brief Intervention Strategies in Primary and Community Health Care*" and "*Knowledge Transfer on Brief Interventions for Relapse Prevention in Addiction*." These documents can be found at: <http://www.CICAD.oas.org?ie=>

11. Opportunities for collaboration in the Hemisphere on demand reduction

Presenter: Brian Morales, Director of the Global Programs Division of Drug Demand Reduction, Office of International Narcotics and Law Enforcement Affairs (INL), U.S. Department of State

Mr. Morales began his presentation emphasizing the formation of the consortium of organizations that work with the INL, which includes the participation of five specialized organizations with experience in drug demand reduction: The World Health Organization (WHO); the United Nations Office on Drugs and Crime (UNODC); the Inter-American Drug Abuse Control Commission (CICAD); the African Union, and the Colombo Plan. He outlined the pillars of the work that INL is doing in the field of demand reduction, which are framed by labor force development, professionalization of treatment and prevention services, building global networks and community coalitions, and addressing special populations and needs. He explained the scope of the Universal Treatment Curriculum (UTC) and the Universal Prevention Curriculum (UPC) as well as the development of special curricula for children, adolescents, the LGBT population, women (GROW), and the criminal justice. He then presented the dissemination modalities of these curricula, the credentialing of addiction professionals, technical assistance and the process for national licensing of treatment services through global quality standards. He then outlined the existing international networks and coalitions on this subject: The International Society of Substance Use Professionals (ISSUP), the International Consortium of Universities for Drug Demand Reduction (ICUDDR), and the Community Anti-drug Coalitions. Finally, he concluded by emphasizing INL's interest in seeking long-term partnerships with

governments, civil society and universities, supported by the multilateral organizations that will coordinate and participate in activities to better serve the Member States.

Comments:

El Salvador: has interest in keep working with international organizations to consolidate the training processes in the country.

Argentina: Universities, independent professionals and NGOs must participate in the processes of training and certification in prevention and treatment.

Guatemala: reiterates the commitment to implement the UPC and UTC.

Colombia: The Ministry of Justice and Law, in coordination with the Ministry of Health and Social Protection, is organizing an introduction of the UPC and UTC Curriculum in the country.

12. Presentation of the multiplatform training materials of the Universal Treatment Curriculum (UTC) for health professionals.

Presenter: Jose Luis Vazquez, Specialist, Executive Secretariat of CICAD/OAS

Based on the content and materials of the UTC, the Demand Reduction Unit of the Executive Secretariat of CICAD and the School of Psychology of the National Autonomous University of Mexico (UNAM) developed a specific version for health care professionals. In order to optimize the dissemination and impact of training in the Latin American countries, different educational materials were developed, both in digital manual format and interactive audiovisual materials for the Moodle electronic platform. After a peer review of the materials in Spanish, UNAM conducted a pilot training session during the last quarter of 2017 with 824 health care professionals. The results showed that the training increased the knowledge and skills levels of the participating professionals. The offer to continue implementing the training in Latin American countries and to prepare the English translation of the materials for later submission to peer review was reiterated.

Comments:

Argentina: This is an excellent initiative for strengthening the primary care. Alliances must be made with the Ministry of Health to work on this issue.

Colombia: CICAD, the School of Psychology of UNAM and the Universidad Del Bosque in Colombia implemented pilot training in UTC for health care professionals. The course included both a virtual and a face-to-face component. A training through the long distance education platform (Moodle) has been considered for health care professionals in Colombia

(in the fields of medicine, nursing, psychology, psychiatry and social work) in the second semester of 2018.

Uruguay: appreciated the training held in their country. Three different courses were held during 2017 with the participation of health care professionals and specialists: 1. An online training edition of the UTC with the participation of approximately 400 participants; and 2. Two face-to-face trainings in our country in coordination with the UNAM, the Psychology Department of the University of the Republic, and the Secretariat of Drugs.

13. Panel 1. Recommendations for work with adolescents in selective and indicated prevention

Presenters: Selva Careaga, Head of the Area of Prevention and Alejandra Barkan, specialist of Prevention Area, SENDA, Chile.

A presentation was given on the work being developed by the team of representatives from Peru, Mexico, Costa Rica, and Chile on the following Expert Group product: Guidelines and recommendations for addressing adolescents through selective and indicated prevention strategies. The group made the decision to continue with the scheme proposed by Chile – the experience of which has focused on developing a Selective and Indicated Prevention Program in the school setting – while assessing the conceptual and methodological proposal that has been used. The conceptual bases of the program and the proposed approach to groups of adolescents based on what are called the axes of vulnerability were presented. One of the key aspects is to determine to whom selective and indicated prevention is to be directed based on the profile and characteristics of the beneficiaries, determining that selective prevention works preferably in a group setting while indicated prevention works on a more individual level. Another aspect revealed is the need to coordinate this level of prevention in territories where universal and environmental prevention strategies are already being implemented. What is important about the program is that it assigns the adolescent – or a group of adolescents – a more active and participatory role as they define, together with the facilitator, the objectives of the intervention plan, abandoning the idea of providing a manual. It is also considered important to use psychoeducation as a fundamental tool when working with youth in that it assigns a key role to the facilitator (awareness pole versus the action pole where the adolescent would be found). It was explained that the document is well advanced but that the other countries are invited to add to this initiative so as to produce a flexible and timely proposal adapted to the different territories.

Comments:

Uruguay: expresses interest in the invitation to join the group that is working on this issue.

14. Recommendations on addressing trauma in the treatment of problematic drug use

Presenters: Rodrigo Zarate, Advisor on Treatment, SENDA, Chile and Esther Best, Director, National Drug Council, Trinidad and Tobago.

Mr. Zarate began by presenting the concept of trauma, its implications and context, in order to provide a framework for later work, which would result in the document with general recommendations for the member states. Several sources of trauma were mentioned based on the countries where they are produced, which leads to different approaches. Nonetheless, common aspects were recognized, such as the transgenerational transmission of trauma, where there could be common approaches and interventions in the region. Finally, an initial approach to common recommendations was provided, emphasizing that this is an initial effort that will be added to by contributions from interested countries.

Esther Best gave a presentation on the trauma situation in the Caribbean and the actions that have been taken to address this problem in the region.

Comments:

Uruguay: The work on this topic is considered relevant since it synergizes with the principles of the National Drug Strategy 2016 - 2020 of Uruguay. The conception of the problem of Trauma must be considered from an integral and multidisciplinary approach that contemplates the dimensions associated with the problematic use of drugs including human rights, gender, generations and citizenship. Uruguay expresses interest in accepting the invitation to be part of the working group on this subject.

15. Recommendations for evaluation of therapeutic results through treatment indicators

Presenters: Rodrigo Portilla, Head of the Area of Treatment of SENDA, Chile and Francisco Cumsille, Consultant

Mr. Portilla presented the degree of progress made in the work of the Expert Group and projections for the next period. Particular consideration was given to the process of reviewing and analyzing evidence related to treatment results indicators, on the basis of which the Expert Group defined and agreed on seven evaluation dimensions with respect to which a total of 20 indicators were formulated and then incorporated in an instrument with

specific questions to be posed to individuals over the age of 18 and in treatment. This tool was developed as a brief interview between a treatment team professional and the person being evaluated, and as part of a therapeutic intervention plan that allows treatment teams to track progress made by users in treatment, using objective measures and comparing pre-, intra-, and post-treatment behavior. It was emphasized that recording the information repeatedly throughout and as part of treatment makes it possible to obtain an image that can be built based on the user's progress and results.

To implement the instrument and evaluate the results, consideration is given to the design of a pilot process with the participation of all countries interested in having this tool, with the following stages: Establishment of participating countries (government entity + treatment center), country training, periodic coordination through videoconferencing, execution (through the continuous quality improvement model), analysis of results, preparation of document with recommendations, presentation, and dissemination of the work. To conclude, some countries with immediate interest were registered and agreement was reached to call on other participating countries through CICAD.

Comments:

Uruguay: expresses willingness to participate in the pilot application of the tools.

16. CICAD's Consortium of Universities in the OAS Member States

Presenter: Alfonso Abarca, Specialist, Executive Secretariat of CICAD/OAS

Mr. Abarca began presenting the objective of the consortium: to provide coordinated research, training, and international cooperation activities for drug demand reduction among universities and other service providers in the OAS member states.

Mr. Abarca presented the two instruments that were developed by the OAS to establish a formal working relationship with the universities: a Memorandum of Understanding (MOU) and a Letter of Commitment.

The current status of the Consortium was then addressed, indicating that there are currently seven universities with a signed MOU and five universities in the process of establishing their participation in the consortium, all of them with headquarters in seven member states.

Finally, Mr. Abarca presented to the plenary session the expected results of the consortium for the years 2018-2019, which notably include: training based on UTC/UPC for members of the universities' academic personnel, the first annual meeting of the consortium of universities in the OAS member states (San Salvador, October 2018) and the attendance and participation of the members at the Fourth Annual Conference of the International Consortium of Universities for Drug Demand Reduction (ICUDDR) (Cuzco, July 2019).

Bolivia: requested the floor to inform about the politics and the programs that are developed in Bolivia in the thematic of drugs demand reduction

17. Conclusions, recommendations, and commitments

As conclusions, the delegates and participants emphasized the hemispheric initiatives developed through CICAD that have made significant progress in terms of use and implementation in the member states:

- a. The Inter-American Observatory on Drugs and the Network of Observatories on Drugs in the Member States. The transition has been made from the analysis of events to the analysis of patterns and time series, which represents a true hemispheric information system. Nonetheless, the lack of harmonious dialogue between science and policy is recognized.
- b. The Multilateral Evaluation Mechanism (MEM): 20 years of hemispheric work culminating in an instrument for collecting information and evaluation reports that are transparent and reliable, intended for the generation of public policies.
- c. The quality standards: which also represent an excellent example of inter-institutional coordinated work (CICAD, PAHO, and COPOLAD), the delegates from Honduras, El Salvador expressed their satisfaction regarding participation in these minimum standards process and hope to be able to improve care and generate changes in public policies. Colombia was emphatic regarding the contribution this process makes not only in the formulation of public policies but also in training for the evaluation of these centers. Argentina presented the process it used successfully to certify treatment centers, generating four indicators that are cross-checked and validated. They indicated that the most valuable aspect of the process is that it was achieved through a roundtable where the treatment center

representatives accepted these criteria for their certification. However, in order to succeed in this process, the state had to rely on structural improvements because the lack of resources at these treatment centers did not allow for making headway toward the success of the process.

Note was also made of the importance of knowing about exemplary experiences in prevention and treatment, such as the Canadian experience, which should be carefully analyzed, despite the resources and structural abyss that may exist between Canada and our countries, as it presents a paradigm in the approach to the drug problem, particularly due to its level of diversification. Referencing the presentation made by the INL, particularly on the subject of the UPC, the UTC and the consortium of universities, the delegates expressed their interest in having this process in their own countries.

General recommendations to be noted include considering the dialogue between science and policy, discussing the methodological approach to identify the causes – risks factors – of the drug problem and not focusing solely on the consequences and impact of the phenomenon, doing an in-depth review of the concepts and approach to prevention in the light of findings and experiences in environmental prevention. It was also suggested that the expert group consider as an agenda item a communication strategy making information on the subject of drugs accessible to decision-makers, and finally continuing with the processes for implementing the quality criteria in the member states and following up the implementation of and progress made on the UNGASS 2016 agreements, which should be a permanent item on the agenda of CICAD and the OAS member states.

PARTICIPANTS

1. CICAD MEMBER STATES

Argentina, Barbados, Bolivia, Brazil, Canada, Chile, Colombia, Ecuador, El Salvador, Honduras, Guatemala, Jamaica, Panama, Uruguay, Santa Lucia, Trinidad and Tobago, and the United States.

2. OBSERVER COUNTRIES

Belgium, Egypt, France, Hungary, Morocco, Thailand, Poland, and the United Kingdom.

3. SPECIALIZED INTERNATIONAL AND REGIONAL ORGANIZATIONS

Pan American Health Organization (PAHO), United Nations Office on Drugs and Crime (UNODC). Bureau of International Narcotics and Law Enforcement Affairs (INL), Cooperation Program on Drug Policies between Latin America and the European Union (COPOLAD).

4. LIST OF PARTICIPANTS

Country/International Organization/Embassy	Name of Participant
Argentina	Roberto Canay
Barbados	Betty Hunte
	Natalia Corbin
Bolivia	Juan Carlos Calvimontes Camargo
Brazil	Hugo Torres do Val
Canada	Saskia Vanderloo
Colombia	Adriana Lemos Perez
	Coronel Sandra Vallejo Delgado
El Salvador	Luis Torres,
United States	Brian Morales
United States	Steve Conlon
Guatemala	Juan Rafael Sanchez
Jamaica	Michael Tucker
Honduras	Ana Leonor Palma
Mexico	Embassy Assistant Delegate
Panama	Rubiely Saldana
Santa Lucia	Nadiege Smith-Lambert
Trinidad and Tobago	Esther Best
Uruguay	Gabriela Olivera
COPOLAD	Elizabet Arribas-Ibar
COPOLAD	Olga Toro
UNODC	Anja Busse
PAHO	Luis Alfonzo
EMCDDA	Gregor Burkhart
Royal Embassy of Thailand	Sandra Vidal, Assistant
Royal Embassy of Thailand	Nilobol Pimdee
Royal Embassy of Thailand	Sandra Vidal, Assistant

Country/International Organization/Embassy	Name of Participant
Embassy of Egypt	Reham Alfeqi
Embassy of Belgium	Christian Dooms
Embassy of Poland	Piotr Frelak.
Embassy of Hungary	Csaba Pólyi
Embassy of France	Alexis Moreno
Embassy of Morocco	Kenza El Ghali
British Embassy	Pablo Tapia, Political Attaché
Consultant	Francisco Cumsille
SENDA	Jimena Kalawski
SENDA	Rodrigo Portilla
SENDA	Álvaro Ahumada
SENDA	Paola Tassara
SENDA	Alejandra Guzman
SENDA	Selva Careaga
SENDA	Ximena Morgan
SENDA	Alejandra Barkan
SENDA	Francisca Alburquenque
SENDA	Marta Oliva
SENDA	Mario Pacheco
SENDA	Daniela Nieto
SENDA	Rodrigo Zarate
SENDA	Felipe Muñoz
SENDA	Maria José Madariaga
SENDA	Jose Marin
SENDA	Tomas Cabrera
CICAD	Angela Crowdy
CICAD	Alfonso Abarca
CICAD	Pernell Clarke
CICAD	Isabela Araujo
CICAD	Andrea Escobar
CICAD	José Luis Vazquez
CICAD	Adriana Montana

